

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **09/402488**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15		2					65						
16		2					66						
17		2					67						
18		2					68						
19		0					69						
20	1		1				70						
21		1					71						
22		1					72						
23		1					73						
24		1					74						
25		1					75						
26		6					76						
27		6					77						
28		0					78						
29		1					79						
30		1					80						
31	1		1				81						
32		1					82						
33		1					83						
34		1					84						
35		4					85						
36		4					86						
37		4					87						
38		0					88						
39	1		1				89						
40	1		1				90						
41	1		1				91						
42	1		1				92						
43		2					93						
44		0					94						
45	1		1				95						
46		1					96						
47	1		1				97						
48							98						
49							99						
50							100						
TOTAL IND.		9		3			TOTAL IND.						
TOTAL DEP.		38		23			TOTAL DEP.						
TOTAL CLAIMS		47		26			TOTAL CLAIMS						